

# **PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

**FY 2009**

*(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*

Docket Number

Q78150

Confirmation Number

3434

Application Number 10/576,416

Filing Date November 29, 2006

For PRODUCTION METHOD OF A CAPACITOR

Art Unit 2811

Examiner Name 3434

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | <u>Fee</u>     | <u>Small Entity Fee</u> |          |
|---|----------------|-------------------------|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130.00       | \$65.00                 |          |
| <input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2))   | \$490.00       | \$245.00                | \$490.00 |
| <input type="checkbox"/> Three month (37 CFR 1.17(a)(3))  | \$1110.00      | \$555.00                |          |
| <input type="checkbox"/> Four month (37 CFR 1.17(a)(4))   | \$1730.00      | \$865.00                |          |
| <input type="checkbox"/> Five month (37 CFR 1.17(a)(5))   | \$2350.00      | \$1175.00               |          |
| <input type="checkbox"/> Previous Payment Amount  | Date Submitted |                         |          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                |                         |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                |                         |          |
| <input checked="" type="checkbox"/> Payment by credit card.   |                |                         |          |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                |                         |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880. |                |                         |          |

I am the

- ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number 33,276
- ☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

WASHINGTON OFFICE

**23373**

CUSTOMER NUMBER



Signature

Abraham J. Rosner

Typed or printed name

October 26, 2010

Date

(202) 293-7060

Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form is submitted.